

## Town of Forest Heights 5508 ARAPAHOE DRIVE FOREST HEIGHTS, MARYLAND 20745

(301) 839-1030 Fax (301) 839-9236

## RENTAL HOUSING LICENSE APPLICATION

THE FOLLOWING MUST BE RETURNED TOGETHER: A completed application with all information printed, typed, checked, or circled as appropriate. Signatures must be original in blue or black ink. Payment payable to "The Town of Forest

| Heights, Maryland".                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                                            |          |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|--|
| FEES: (Make checks (no personal) or money orders payable to "Town of Forest Heights, Maryland") Forest Heights unit: Owner occupied and contains 1 or 2 tenants: Per unit \$ 75.00   Forest Heights unit: Not owner occupied: Per unit/apartment - \$ 75.00   Forest Heights unit: Owner occupied and contains 3 or more tenants: Per unit - \$ 75.00   Change in Application Information - No Fee |                                                       |                                                                                                                                            |          |  |  |  |
| You may obtain information on your prope documents.                                                                                                                                                                                                                                                                                                                                                | Owner Information □ Manarty account on the Internet a | aging Operator □ , Resident Agent □ , or Trustee Information □ at: www.state.md.us and select "Real Property Data Search", or on  Zip Code | your tax |  |  |  |
| Sect                                                                                                                                                                                                                                                                                                                                                                                               | ion 1: RENTAL PR                                      | OPERTY INFORMATION                                                                                                                         |          |  |  |  |
| Property Account / Parcel No                                                                                                                                                                                                                                                                                                                                                                       |                                                       | Council District                                                                                                                           |          |  |  |  |
| FOREST HEIGHTS UNIT INFORM                                                                                                                                                                                                                                                                                                                                                                         | (select all that apply): PMATION:                     | ). Prince George's County □ Federal □ State □                                                                                              |          |  |  |  |
| No. of Smoke Detectors <b>Type of</b> Inter-connected: Yes □ No □                                                                                                                                                                                                                                                                                                                                  | f Smoke Detector (s):  CO Detector: Ye                | Battery  Hard Wired  Hard Wired & Battery Backetes No Fire Extinguisher: Yes No # of                                                       |          |  |  |  |
| Sewage System: Public Private □ V                                                                                                                                                                                                                                                                                                                                                                  | =                                                     |                                                                                                                                            |          |  |  |  |
| Section 2: PR                                                                                                                                                                                                                                                                                                                                                                                      | OPERTY OWNE                                           | R'S INFORMATION LAIMER                                                                                                                     |          |  |  |  |
| Property Owner Name                                                                                                                                                                                                                                                                                                                                                                                |                                                       | Phone No                                                                                                                                   |          |  |  |  |
| Cell Phone No                                                                                                                                                                                                                                                                                                                                                                                      | Fax No                                                | E-mail Address                                                                                                                             |          |  |  |  |
| Type of Property Owner: Association Partnership Owner Address:                                                                                                                                                                                                                                                                                                                                     | Corporation Green Personal Representative             | Guardian of Estate Individual / Sole Proprietor/LLC e of Estate Trust Other                                                                |          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                    | 1:66                                                  | Zip Code_                                                                                                                                  |          |  |  |  |
| Mailing Address for Property Owner (if                                                                                                                                                                                                                                                                                                                                                             | different):                                           | Zip Code_                                                                                                                                  |          |  |  |  |

## Section 3: MANAGING AGENT/RESIDENT AGENT/TRUSTEE INFORMATION (if applicable) Managing Agent/ Resident Agent/ Trustee Name: \_\_\_\_\_\_ Phone \_\_\_\_\_ Address: Zip Code\_ Mailing Address (if different): \_\_\_\_\_ Zip Code\_\_\_\_\_\_ Contact Telephone Numbers: Home: ( ) \_\_\_\_\_\_ Cell ( ) \_\_\_\_\_ ) \_\_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email Address \_\_\_\_\_ Work: ( **Section 4: LEGAL AGENT** Town Law requires all owners to assign a Legal Agent to receive legal service of process. Owners residing in Maryland may designate themselves. Owners who do not reside in Maryland MUST designate a Legal Agent who resides within the State of Maryland. Please Note: — The Legal Agent cannot be your tenant (This can be a family member, friend, realtor, etc.) — You must provide the Legal Agent's Maryland **HOME** address. — The Legal Agent **MUST** sign below to accept responsibility as agent. ☐ Owner designates self as Legal Agent and resides in the STATE OF MARYLAND (Home address already provided under Ownership information.) Owner designates the below named Maryland resident as Legal Agent. Legal Agent's Name (Print or Type clearly above) Legal Agent's HOME Street Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening/Cellular Phone \_\_\_\_ Zip \_\_\_ Fax#\_\_\_\_ E-mail Address I understand and accept responsibility as Legal Agent for service of legal process: Legal Agent's Signature Date TENANTS CONTACT INFORMATION Name: Phone

|                                                                                                                                                   | Section 5: AGREEN                                                                                                      | MENT / DIS                                                                    | SCLAIMER                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                   |                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                |
| I,                                                                                                                                                |                                                                                                                        | , sole                                                                        | emnly affirm under the penalties of perjury, that the                                                                                                                                                                                          |
| (Print Name of Properation relating to the dwe                                                                                                    | * '                                                                                                                    |                                                                               | , is true and                                                                                                                                                                                                                                  |
| above information relating to the avec                                                                                                            |                                                                                                                        |                                                                               | ts Unit Address and Zip Code)                                                                                                                                                                                                                  |
| correct to the best of my knowledge, a                                                                                                            | *                                                                                                                      |                                                                               | mation relating to the Property Owner, Managing Op                                                                                                                                                                                             |
| tor, Resident Agent, or Trustee, and th                                                                                                           | e property owner's Designa                                                                                             | ated Agent (for rec                                                           | eceiving process, notices and any other papers from F                                                                                                                                                                                          |
| est Heights), not more than 30 days af                                                                                                            | ter the change is made, and                                                                                            | that I will comply                                                            | y with the requirements set forth in any correction no                                                                                                                                                                                         |
| and/or final order issued under Section                                                                                                           | 1 3.2: of the Ordinance Cod                                                                                            | e of the Town of F                                                            | Forest Heights as amended, within the required time                                                                                                                                                                                            |
| period.                                                                                                                                           |                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                |
| I also certify that there are                                                                                                                     | Forest Heights uni                                                                                                     | it (s) on this prope                                                          | erty and that I agree to allow the code official to insp                                                                                                                                                                                       |
| (Total numb                                                                                                                                       | ,                                                                                                                      |                                                                               |                                                                                                                                                                                                                                                |
| these Forest Heights unit (s). Any vio                                                                                                            | lation of the Town's rental                                                                                            | licensing law foun                                                            | and in Article 3 of the Ordinance Code shall be deeme                                                                                                                                                                                          |
| an infraction and any person upon con                                                                                                             | viction thereof shall be fine                                                                                          | d not more than C                                                             | One Hundred Dollar (\$100.00) for the fit offense. Rep                                                                                                                                                                                         |
| offenders may be assessed a fine not t                                                                                                            | o exceed Two Hundred Dol                                                                                               | lars (\$200.00) for                                                           | r each repeated offense.                                                                                                                                                                                                                       |
| RENTAL PROPERTIES, OR (2) T<br>MONTHS OUT OF THE YEAR, V<br>BE REQUIRED TO OBTAIN TH<br>PROPERTY PERMIT MUST BE O<br>SEPTEMBER 1, 2010 OR PRIOR 2 | RMIT SHALL BE ISSUED TO . HE OWNER OR OWNE. WHEN OTHERWISE RE E RENTAL PROPERTY I DBTAINED FROM THE TO RENTING THE PRO | RS RESIDE IN T<br>NTED TO OTH<br>PERMIT AT AN<br>TOWN CLERK (<br>PERTY, WHICH | Y OWNERS WHOSE PROPERTIES: (1) ARE THEIR PROPERTIES LESS THAN SIX (6) HER. ALL SUCH PROPERTY OWNERS SHALL IS BI-ANNUAL COST OF \$75.00. A RENTAL OF FOREST HEIGHTS NOT LATER THAN HEVER IS LATER, FAILURE TO OBTAIN A PER A FRINCE OF \$75.00. |
| MIT SHALL BE DEEMED A MUI                                                                                                                         | NICIPAL INFRACTION .                                                                                                   | AND SUBJECT                                                                   | TO A FINE OF \$500.                                                                                                                                                                                                                            |
|                                                                                                                                                   | OWNER, DID YO                                                                                                          | OU REMEMB                                                                     | BER TO:                                                                                                                                                                                                                                        |
| Signature of the Dreamonty Overson                                                                                                                |                                                                                                                        |                                                                               | <b>Date</b> / /                                                                                                                                                                                                                                |
| Signature of the Property Owner: _                                                                                                                |                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                |
| ☐ Sign the application? ☐ Designar                                                                                                                | te a Legal Agent in Maryla                                                                                             | and   Enclose                                                                 | e License Fee made payable to Town Forest Heigh                                                                                                                                                                                                |
|                                                                                                                                                   | □ Enclose "registration e                                                                                              | xemption affidav                                                              | vit" if applicable.                                                                                                                                                                                                                            |
| sentation concerning the condition                                                                                                                | of the Forest Heights uni<br>I federal laws and regulat                                                                | it to the tenant or                                                           | be construed as providing any warranty or repre-<br>or the public, or that the premise is in compliance<br>owner must comply with all Prince George's Cou                                                                                      |
|                                                                                                                                                   | FOR OFF                                                                                                                | ICE USE ONL                                                                   | LY                                                                                                                                                                                                                                             |
| APPLICATION LICENSE #                                                                                                                             |                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                |
|                                                                                                                                                   |                                                                                                                        |                                                                               | YEAR 2                                                                                                                                                                                                                                         |
| REPEAT INSPECTIONS:                                                                                                                               |                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                |
| INSPECTOR:PAYMENT METHOD:                                                                                                                         |                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                |